

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43424

State File No.

BIRTH NO.		REG. DIST. NO. <u>342</u>		PRIMARY REG. DIST. NO. <u>4531</u>		Registrar's No. <u>84</u>	
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>		c. LENGTH OF STAY (in this place) App. <u>2yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy</u>		257	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Katie Jane Memorial Home</u>				d. STREET ADDRESS (If rural, give location) <u>Warrenton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Parmelia</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Linahan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 24, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 17, 1854</u>		9. AGE (In years last birthday) <u>96</u> If UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Lincoln County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John J. Birkhead</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Thornhill</u>		14. NAME OF HUSBAND OR WIFE <u>James Linahan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Martha Dyer (Dau) Troy, Missouri.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic heart</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cordis -</u> DUE TO (c) <u>Arteriosclerotic disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>442X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 3</u> , 19 <u>49</u> , to <u>Dec 24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 24</u> , 19 <u>50</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold H. Holscher M.D.</u>				23b. ADDRESS <u>Warrenton Mo.</u>		23c. DATE SIGNED <u>Jan 1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/25/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Troy, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-1-51</u>		REGISTRAR'S SIGNATURE <u>Floyd Lagan</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kemper Funeral Home Troy, Missouri.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1090
4

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 9 1951

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.